

MDPB Meeting
December 15, 2004
Maine EMS

Members: A. Riel, P. Liebow, K. Kendall, E. Smith, B. Collamore, D. Ettinger, S. Diaz

Absent: D. McKelway

Staff: J. Bradshaw

Guests: D. Ciraulo, M. Sholl, J. Ontengco, P. Marcolini, R. Petrie, M. Day, D. Palladino, R. Chase, J. LaHood, R. Tarbox, J. Regis, B. Chamberlain, J. Dovinsky, R. Chagrasulis, J. LeBrun, L. Metayer, D. White, D. Batsie, D. Stuchiner

- I. Minutes: November Minutes accepted—Motion by Kendall, second by Collamore, Unanimous acceptance
- II. Dr. Stuchiner honored for his 15 years of service
- III. Legislative Update (Bradshaw): committee chairs and committee members being assigned; Hall of Flags on January 19, 2005 at 8:30 am request for EMS presence that day—we will try to hold MDPB there.
- IV. Budget Update (Bradshaw): Awaiting release
- V. EMStar Report: Looking for community committee chairs—see Bradshaw
- VI. RSI; We propose continuing this committee to investigate whether RSI fits in Maine, but more so need to convene an OLMC/Medical Service Director Subcommittee—will have first meeting in February 2005.
- VII. Taser/Tactical medicine presentation (Sholl, Ciraulo): informative presentation, will have them contact Bastin to see how this fits in with overall project of going forward with disaster training, education, and protocols (Diaz alerted Bastin on 12/16/04)
- VIII. Protocols: First voted on release date of April 1, 2005 after discussion was brought to Ops—MDPB OK with this—Bradshaw will send letters drafted by Diaz regarding information of what the MDPB is and what the protocol changes are—this will be a phased in process. Chagrasulis concerned re: info of the use of Fentanyl and the benzodiazepine changes. Diaz will forward her (and all on the MDPB mailing list) short discussion with reference articles which is entitled Fen-Lor-Mid, and Diaz has been attending community meetings throughout the state and is willing to continue this.
- IX. PIFT: continued the discussion of medical control for PIFT. We may have become too specific, and Chagrasulis pointed out where Diaz had poor sentence structure and thus poor communication of intent of the FAQ section of the November PIFT proposal form—the intent was that Maine ACEP supports the idea of OLMC standardization, training, and certification. What Diaz meant is that this would fall into the realm and strengthen the PIFT program. Back to the discussion of OLMC, many different scenarios may exist of how we are sure patient stability has been ascertained and that we have a system that promotes paramedic back-up by a designated physician.

Prospective ED physician evaluation is not felt to be warranted. To this end, Stuchiner provided the following wording which has been inserted into the PIFT proposal which is also attached: “Do not transfer the patient unless identified attending physician, identified OLMC, how to contact OLMC, and whether any communication problems are anticipated.” Secondary discussion of perhaps central EMS communication was put forward. This is beyond the scope of our current discussion (but may be more appropriate at the MEMS board level).

- X. State QI: Developing statewide tools to look at Airway, PIFT and we briefly discussed reach back issues with current retrospective QI. The only way to get at a lot of the nuance is chart review which is difficult to support at the state level. We will continue to keep an open mind while developing this system. As well, we need to follow through with completing “the loop.” We need to be sure there is communication between the State QI, the regions, and the services, and that we enforce the rules for QI, and coordinate our efforts in all aspects of QI.